

**DECLARATION
Utility Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **VASO-OCCCLUSIVE DEVICE WITH SERPENTINE SHAPE**, the specification of which

(Check One) is attached hereto OR
 was filed on _____ as United States Application Serial No. 09/083,841 or
PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Date of Filing | Priority Claimed | |
|-------------------------------------|---------|----------------|------------------|----|
| | | | Yes | No |
| | | | | |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date |
|-----------------------|-------------|
| | |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date | Status-Patented, Pending or Abandoned |
|--------------------------------|-------------------|--------------------|---------------------------------------|
| | | | |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | | | |
|--|-------------------------|--------------------|-----------------------------|------------------------------------|
| 201 | FULL NAME OF INVENTOR | FIRST Name John | MIDDLE Initial Laurence | LAST Name Minck, Jr. |
| | RESIDENCE & CITIZENSHIP | City Fremont | State or Foreign Country CA | Country of Citizenship USA |
| | POST OFFICE ADDRESS | 40785 Robin Street | City Fremont | State or Country CA Zip Code 94538 |
| INVENTOR'S SIGNATURE <i>John Minck Jr.</i> | | DATE 12/18/01 | | |

| | | | | |
|---------------------------------------|-------------------------|-------------------------------|-----------------------------|------------------------------------|
| 202 | FULL NAME OF INVENTOR | FIRST Name Kevin | MIDDLE Initial M. | LAST Name Jaeger |
| | RESIDENCE & CITIZENSHIP | City Fremont | State or Foreign Country CA | Country of Citizenship USA |
| | POST OFFICE ADDRESS | 1400 Stone Pine Terrace, #314 | City Fremont | State or Country CA Zip Code 94536 |
| INVENTOR'S SIGNATURE <i>K. Jaeger</i> | | DATE 12-18-01 | | |

| | | | | |
|---|-------------------------|-----------------------|-----------------------------|------------------------------------|
| 203 | FULL NAME OF INVENTOR | FIRST Name Jacqueline | MIDDLE Initial Tu | LAST Name Tran |
| | RESIDENCE & CITIZENSHIP | City Milpitas | State or Foreign Country CA | Country of Citizenship USA |
| | POST OFFICE ADDRESS | 1348 Terra Alta Drive | City Milpitas | State or Country CA Zip Code 95035 |
| INVENTOR'S SIGNATURE <i>Jacqueline Tran</i> | | DATE 12-18-01 | | |

POWER OF ATTORNEY
By Assignee

SCIMED Life Systems, Inc., assignee(s) of the application for United States Letters Patent for an improvement in

VASO-OCCLUSIVE DEVICE WITH SERPENTINE SHAPE
by John L. Minck, Jr.

the specification of which:

- is filed herewith, OR
 was filed on _____, having U.S. Patent Application Serial No. _____,

does hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 22249:



22249

PATENT TRADEMARK OFFICE

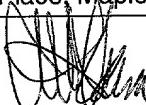
LYON & LYON LLP
Suite 4700
633 W. Fifth Street
Los Angeles, CA 90071
(213) 489-1600

Please send all inquiries to David T. Burse, Esq., at the above Customer Number.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

- is filed for recordation herewith; or
 was recorded at Reel _____, Frame _____; or
 has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

| | |
|--|----------------------------|
| Full Name of Assignee: SCIMED Life Systems, Inc. | |
| Post Office Address: One SCIMED Place, Maple Grove, Minnesota 55311-1566 | |
| Signature of Declarant or Assignee:  | Date: December 19, 2001 |
| Full Name of Declarant | |
| If Other Than Assignee: Albert K. Kau | |
| Title of Declarant: Patent Counsel | |
| Address of Declarant: SCIMED Life Systems, Inc., One SCIMED Place, Maple Grove, MN 55311-1566 | |